

CERTIFICATE OF MAIL

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on **October 16, 2003**.

Grace Alicea

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Date: October 16, 2003

Son PENG and Ming LI

Confirmation No.: 4129

Serial No.: 10/056,452

Group Art Unit: 2873

Filed: January 23, 2002

Examiner: Collins, Darryl

For: **OPTICAL SYSTEMS EMPLOYING ANAMORPHIC BEAMS AND  
DIFFRACTION GRATINGS**

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RESPONSE UNDER 37 CFR 1.116  
EXPEDITED PROCEDURE  
EXAMINING GROUP**

**RESPONSE AFTER FINAL OFFICE  
ACTION UNDER 37 CFR 1.116**

Sir:

In response to the Final Office Action dated September 23, 2003, Applicants submit the following amendment and remarks:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 11 of this paper.

<b>TRANSMITTAL FORM</b>	61 OIPE OCT 20 2003 PATENT TRADEMARK OFFICE	Attorney Docket No. <b>2405P</b>
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In re the application: **Song PENG and Ming LI** Confirmation No.: **4129**

Serial No: **10/056,452** Group Art Unit: **2873**

Filed: **January 23, 2002** Examiner: **Collins, Darryl J.**

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**BOX AF**

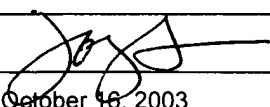
AF/2800-

For: **Optical Systems Employing Anamorphic Beams and Diffraction Gratings**

ENCLOSURES (check all that apply)			
<input type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman
<input type="checkbox"/>	Form 1449	<input type="checkbox"/>	Drawings
<input type="checkbox"/>	(X) Copies of References	<input type="checkbox"/>	Petition
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxx month(s) from to .	
<input type="checkbox"/>	Executed Declaration by Inventor(s)		
After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Status Letter Postcard Other Enclosure(s) (please identify below):			

CLAIMS					
FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	30	31	0	\$18.00	\$ 0.00
Independent Claims	10	10	0	\$84.00	\$ 0.00
Total Fees					\$ 0.00

METHOD OF PAYMENT	
<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
<input type="checkbox"/>	Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.
<input type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. 02-2120 (Sawyer Law Group LLP).

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Attorney Name	Joyce Tom, Reg. No. 48,681
Signature	
Date	October 16, 2003

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<b>October 16, 2003</b>	
Type or printed name	Grace Alicea
Signature	